

DEPARTMENT OF BUSINESS DEVELOPMENT
REQUIREMENTS FOR CONTRACT BOND SUBMISSIONS

In order for a bonding company to consider your request for bonding, certain basic information is needed. These items are outlined below. The more complete and detailed your submission, the quicker and more positive the surety will respond. We thank you for your extra effort in making each submission as complete as possible.

1. **Year – end Business Financial Statements** for your firm fiscal year-end for the last three years. If you have not been in business three years, the years you have. – If no financial statements have been prepared, forward copies of business tax returns.
2. **Interim Financial Statements** must be furnished if the year-end corporate statement is over (6) months old.
3. **Personal Financial Statements** must be furnished for each owner or stockholder. These personal statements cannot be older than three months and should be signed and dated.
4. **Resumes on Owners, Stockholders and Key personnel.**
5. **Financial Statements on Affiliated or Subsidiary Companies.**
6. **Letter From Your Banker** addressing the following: (Sample format enclosed)
 - a. Current and average cash balances
 - b. Total amount of line of credit and how much is presently used.
 - c. How line of credit is secured.
7. **Letters of Reference** from owners, suppliers, contractors or engineers for which you are doing or have done business with in the past.
8. **Contractor’s Questionnaire** must be completed. (Form enclosed)
9. **Current Work in Progress Report** must be completed. (Form enclosed)
10. **Report on Completed Jobs** should be completed. (Form enclosed)
11. **Certificate of Insurance to show general liability and workers comp coverage in force.**
12. **Copy of Current Licenses. General Contractor, plumbing, electrical, etc.**
13. **Copy of all “DBE, MBE, Certifications. (Dept of Transportation, County, etc.).**
14. **Business Plan** – (Form enclosed)
15. **New Account Questionnaire** – Please complete and return

Should you have any questions, please do not hesitate to contact this office for help. We will be more than happy to assist you in the completion or gathering of any material.

PERSONAL FINANCIAL STATEMENT

NOTE: This form is to be used for Personal Financial Statements only, not to be used for Business Statements.

Personal Financial Statement of _____ Social Security # _____
(Name)

(Street, Address, City, State, Zip)

Home Phone # _____ Business Phone # _____

AS OF _____, 20 _____

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (name & address)	
Cash in following banks (name/address)			
		Sales contracts & chattel mtgs. (attach description)	
Stocks and bonds (Schedule 1)		Accounts payable	
Accounts receivable (Schedule 2)		Current portion of long term debt	
Notes receivable (Schedule 3)		Other current liabilities (attach description)	
Other current assets (itemize):			
		Current year's income tax unpaid	
		Prior year's income taxes unpaid	
		Real estate taxes unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4)		Real estate debt (Schedule 4):	
Residence		Residence	
Other		Other	
Cash value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5)	
Other assets and investments		Other long term debt (attach description)	
TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITIES	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	

CONTINGENT LIABILITIES

FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____

GIVE DETAILS _____

SCHEDULE #1 – STOCKS AND BONDS

Name of Security	# of Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Days	Market Value	Book Value
TOTALS				\$	\$

SCHEDULE #2 – ACCOUNTS RECEIVABLE

Name & Address (Street & City) From Whom Due	For What is it Due	When Sold	When Due	Amount
			TOTAL	\$

SCHEDULE #3 – NOTES RECEIVABLE

Name & Address (Street & City) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
				TOTAL	\$

SCHEDULE #4 – REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Date Acquired	Cost	Maturity	Amount
TOTALS			\$	\$	\$	\$	\$

SCHEDULE #5 – LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

INCOME / EXPENSE INFORMATION

Name of Company	Last Year 20____	This Year 20____	Projected Next Year 20____	USES OF CASH	This Year 20____	Projected Next Year 20 ____
Salary & Wages				Income Taxes & FICA		
Commissions, Bonus, Etc.				Other Payroll Deductions		
Interest & Dividends				Living Expenses & Misc.		
Rental Income				Rental Expenses		
Oil & Gas Rev. after Op. Exp.				Oil/Gas Cap. Expend.		
Other Business Income				Other Business Expenses		
Other:				Other:		
SUBTOTAL				SUBTOTAL		
Commissions, Bonus, Etc.				Regular/Sched. Payments		
Sale of Assets				Other Interest		
Tax Refund				Other Principal		
Other				Contingent Liability		
TOTAL CASH SOURCES				TOTAL CASH USES		
				NET CASH FLOW		

PRINCIPAL SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

RESUME

NAME: _____ HOME PHONE: (____) _____

HOME ADDRESS: _____
(Street, City, State, Zip Code)

PERSONAL DATA:

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Driver's License #: _____

Marital Status: _____ Spouse's Name: _____

EDUCATION

Did you graduate high school? YES NO

College: 19____ to 19____ - Name of School _____

Courses Studied: _____

Special education relating to current business activity or employment: _____

BUSINESS & PROFESSIONAL EXPERIENCE (Indicate: Firm Name, Length of Time Employed)

Occupation/Position, Reason for leaving and, if construction related, largest project you were involved in.)

NO. OF YEARS WITH CURRENT EMPLOYER: _____ NO. OF YEARS IN THIS INDUSTRY: _____

Employment History: (Beginning with current job.)

From: ____ / ____ To: ____ / ____ Company: _____ Position: ____

Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____ Position: ____

Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____ Position: ____

Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____ Position: ____

Responsibilities: _____

PROFESSIONAL REFERENCES: (Name, address, phone number, length of time acquainted)

USE REVERSE SIDE FOR ADDITIONAL INFORMATION

DEPARTMENT OF BUSINESS DEVELOPMENT

111 NW 1ST Street, 19Th Floor* Miami, FL. 33128
(305) 375-3111 * Facsimile (305) 375-3160

DATE: _____

BANK NAME: _____

BANK ADDRESS: _____

CITY/STATE/ZIP: _____

I hereby authorize my bank to release the below requested information to Preferred Bond & Insurance Services, Inc. who is my bonding agency, in order to establish or update my bonding line. FAX OR MAIL EXECUTED LETTER to the number or address above.

BY _____ **DATE:** _____
(AUTHORIZED SIGNATURE ON ACCOUNT)

BUSINESS ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

PERSONAL ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

TO BE COMPLETED BY BANK

PLEASE KEEP A COPY OF THIS LETTER IN YOUR FILES FOR FUTURE REFERENCE

ACCOUNT NUMBER: _____

DATE ACCOUNT OPENED: _____

CURRENT AMOUNT OF DEPOSIT: _____

ACCOUNT NUMBER: _____

DATE ACCOUNT OPENED: _____

CURRENT AMOUNT OF DEPOSIT: _____

BANK LINE OF CREDIT: () YES () NO

BANK LINE OF CREDIT AMOUNT: _____

HOW IS LINE OF CREDIT SECURED? _____

AMOUNT OF LINE OF CREDIT AVAILABLE: _____

CONFIRMED BY: _____ **TITLE:** _____

(BANK SIGNATURE)

DATE: _____ **PHONE NO:** _____

SUPPLIER REFERENCE

Date: _____

Supplier name: _____

and address: _____

Phone No: _____ Fax No: _____

Contractor name _____

and address: _____

We are assisting the referenced contractor in obtaining bonding. They have given your company as a credit reference. It will be most helpful in our review of this account if you would answer the following questions:

1. How long have they been doing business with your firm? _____
2. What is their maximum credit line? _____
3. What is their high credit? _____
4. Is their account current? YES _____ NO _____ If no, please explain

5. Is their credit rating with your company GOOD ____ FAIR ____ SLOW ____
If slow pay, is this their usual trend? YES ____ NO ____

We understand this information is furnished as a courtesy for the confidential use of the surety and is merely an expression of opinion. It is agreed that in providing this information, no guaranty or warranty of accuracy or correctness is made, and no responsibility is assumed as a result of reliance by the surety.

Dated: _____ By: _____
Name & Title

Please return by mail, or fax to number below. Thank you.

DEPARTMENT OF BUSINESS DEVELOPMENT
111 NW 1ST Street, 19Th Floor* Miami, FL. 33128
(305) 375-3111 * Facsimile (305) 375-3160

JOB STATUS REPORT

Date: _____

To: _____

Re:

Fax No:

Dear:

The contractor named above has applied to us for a performance bond or a line of credit for future performance bonds. Your name has been given to us as a reference.

We shall greatly appreciate receiving the benefit of your experience with this concern. Your response will be regarded confidentially and will imply no responsibility on your part.

Please complete the information below and return to us by fax at the number listed below.

Name and location of project:

Description of work: _____

Amount of Contract: _____

Completion Date: _____

Was performance satisfactory? ☐ Yes ☐ No

If no, please explain _____

Was the contractor cooperative? ☐ Yes ☐ No

If no, please explain _____

Was the project completed on schedule? ☐ Yes ☐ No

If no, please explain _____

Comments _____

Date: _____

By: _____

Title

This form must be completed by owner or prime contractor who the work was done for.

DEPARTMENT OF BUSINESS DEVELOPMENT
111 NW 1ST Street, 19TH Floor* Miami, FL. 33128
(305) 375-3111 * Facsimile (305) 375-3160

DEPARTMENT OF BUSINESS DEVELOPMENT

111 NW 1ST STREET 19TH FLOOR - MIAMI, FL 33128 (305)375-3111 FAX (305)375-3160

CONTRACTORS QUESTIONNAIRE

- 1) Contractor _____
(name as it is filed with Secretary of State or IRS)
- 2) Address _____
- 3) Phone (____) _____ Fax (____) _____ Cell (____) _____
- 4) Federal Tax I.D.# _____ 5) Total # of Employees _____
- 6) Form of Organization: ☐ Corporation ☐ Partnership ☐ Proprietorship 7) Date Business Formed _____ Date Inc. _____
- 8) Ownership Detail: **(Provide resumes)**

Name and Residence Address	% Own.	Age	Title/Responsibility	Individual Social Security #	Marital Status	Spouse's Legal Name
1)						
2)						
3)						
4)						

- 9) Has there been any change in ownership in the past two years? ☐ Yes ☐ No
If yes, please explain _____
- 10) Is the Company or any of its owners connected with other companies that operate as a parent, subsidiary, holding company or affiliate? ☐ Yes ☐ No If yes, please explain _____
- 11) Have provisions been made for continuation of the duties of the owner(s) and an orderly transfer of ownership in the event of death or disability? ☐ Yes ☐ No Provide details _____
- 12) Are there any problems with full corporate and personal (including spouses) indemnification by all owners and/or affiliates of the company?
☐ Yes ☐ No If yes, please explain _____

13) Key Operating Personnel: **(Provide resumes)**

	Name	Position/Responsibility	Age	Time In Position	Time In Industry
1)					
2)					
3)					
4)					

14) Control and supervision of contracts by owner(s) is performed on a ☐ Daily ☐ Weekly ☐ Monthly basis.

15) What class of construction work does company:

- A. Generally do _____
 B. Specialize In _____
 C. At times handle _____

16) What is your geographic area of operation _____

17) What was the largest backlog of contract costs to complete (not contract value) \$_____ Num. of jobs _____ Year _____

18) List the six largest/most important contracts completed in the last five years.

	Owner's Name & Contact Person	Description of Project	Address & Phone No.	Contract Amount	Completion Time/Date
1)					
2)					
3)					
4)					
5)					
6)					

19) Are bonds required from subcontractors or suppliers? ☐ Yes ☐ No If yes, over what amount \$ _____

20) What is the single largest contract you expect to attempt to obtain in the near future? \$ _____

21) What is the largest backlog of cost to complete you expect to attempt to handle in the near future? \$ _____

22) What is the largest volume of contract value you will attempt to bill in a single year? _____

23) Do you presently own the equipment necessary to complete the program outlined in 20, 21, & 22? ☐ Yes ☐ No

If no will you be ☐ buying ☐ renting ☐ leasing

Anticipated total acquisition cost (including down payment) \$ _____

Anticipated costs payable within the next twelve months \$ _____

24) Present or most recent surety _____
Location _____ How long have you used this surety? _____
Largest single contract previously bonded _____ Reasons for change in surety? _____

25) Have you in the past or do you plan to use more than one surety at a time? ☐ Yes ☐ No

26) Is collateral currently posted with any other surety to secure bonds on behalf of your firm? ☐ Yes ☐ No

if yes, please provide details _____

27) Has the company, any affiliate or subsidiary, or any owner(s) or companies in which they have had an ownership interest:

Ever defaulted on a contract? ☐ Yes ☐ No if yes, please explain _____

Ever defaulted on a contract forcing the surety to suffer a loss? ☐ Yes ☐ No if yes, please explain _____

Ever experienced a bankruptcy? ☐ Yes ☐ No if so, please explain. _____

Been in receivership? ☐ Yes ☐ No if so, please explain _____

Been lien'd by a taxing authority? ☐ Yes ☐ No if so, please explain _____

28) Are any liens for labor and/or materials filed against your company on any contracts which have been done or are being done by your company? ☐ Yes ☐ No if yes, please explain _____

29) Name of Bank _____

Address _____

Account Manager _____

With Bank Since _____

Current Line of Credit Amount \$ _____

Amount in Use at Time of Application \$ _____

Anticipated Additional Amount to be Used in Next 90 Days \$ _____

Secured by:

Corporate Signature ☐ Yes ☐ No Personal Signature ☐ Yes ☐ No Accounts Receivable ☐ Yes ☐ No

Inventory ☐ Yes ☐ No Other ☐ Yes ☐ No Describe: _____

Terms: Rate _____ Repayment _____ Expiration: _____

Provide Current Bank Line of Credit Commitment Letter.

Previous Bank _____

Address _____

Account Manager _____ Phone _____

Term with Previous Bank _____

30)Has there been any change in outside accounting firms since your last fiscal year end? ☐ Yes ☐ No if yes, please explain reason for change_____

If no, how long have you been using the present firm? _____

31)Are interim financial statements prepared during the year? ☐ Yes ☐ No if yes, how often _____ by whom _____

32)Are trial balances prepared monthly? ☐ Yes ☐ No if no, how often _____ by whom _____

33)If the company is a corporation, is it a Sub Chapter S Corporation? ☐ Yes ☐ No

34)Financial statements are prepared by the CPA on the following basis: ☐ % of Completion ☐ Completed Contract
☐ Accrual ☐ Cash

35)Income taxes are paid on the following basis: : ☐ % of Completion ☐ Completed Contract ☐ Accrual ☐ Cash

36)Are corporate and personal taxes of owner(s) and spouse(s) current: ☐ Yes ☐ No if no, please explain _____

37)Does your company act as an indemnitor to any of the following:

Bank ☐ Yes ☐ No Surety Company ☐ Yes ☐ No

Supplier Subcontractor ☐ Yes ☐ No Other ☐ Yes ☐ No

38)Are any of your accounts receivable or retentions assigned, pledged, hypothecated, sold or discounted other than for your present bank line of credit and bonded contracts or do you plan to do this in the future? ☐ Yes ☐ No

if no, please explain _____

39)Give names of principal suppliers/subcontractors.

Name of Firm and Contact	Address & Phone	Material/Service Provided

40)Provide a Current Certificate of Insurance.

Remarks;_____

The following statement must be signed by an owner or Officer of the company for which bonding is being requested.

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I, the undersigned, am authorized to allow you to investigate the credit, bank and performance reference and prior sureties of the company, its employees and owners for bond purposes.

Completed by:_____

Title:_____

Signature:_____

Date:_____

FOR PERIOD ENDING _____, 20____

(List all contracts, bonded & unbonded - if cost plus, please indicate)

NAME OF CONTRACTOR:									DATE:		
JOB NAME, NUMBER & LOCATION	Date Completed	Final Adj. Contract Price	Bonded (Yes/No)	Total Cost Incurred (Including Approved Change Orders)	Total Gross Profit Realized	Total Amount Billed, Including Retainage	Total Payments Received To Date	For Surety Use Only			
				</							

BUSINESS PLAN

1. Name of Business: _____
2. Address of Business: _____
3. Year business began: _____ If incorporated, year: _____
4. Financial year end: _____ Number of employees: _____
5. Name & position of relatives who work in the business:
 1. _____ 2. _____
 3. _____ 4. _____
6. Sales volume first year: _____ Sales last year: _____
7. Brief description of your business: _____

8. In the event of your death or injury, who would run the business? _____

9. Do you have life insurance? _____ What type and how much? _____

To be paid to the business? _____
Do you have enough to cover all your outstanding work on hand? _____
How much life insurance for your family? _____
10. Give a description of management experience and continuity provisions you have for your business: _____

11. Outline your business goals for the next 12 months: _____

12. What will happen to your business when you retire? _____

DEPARTMENT OF BUSINESS DEVELOPMENT

111 NW 1st STREET 19TH FLOOR - MIAMI, FL 33128 (305)375-3111 FAX (305)375-3160

NEW ACCOUNT QUESTIONNAIRE

**PLEASE COMPLETE THIS FORM AND FAX TO THE NUMBER LISTED BELOW.
WE WILL CONTACT YOU TO HELP YOU PREPARE YOUR PACKAGE FOR BONDING.**

Company Name: _____

Address: _____

Tax ID # _____ **Date Business Formed** _____

Phone No.: _____ **Fax No.:** _____

Owner's Name: _____ **SS#** _____

_____ **SS#** _____

Spouse's Name: _____ **SS#** _____

Previous Surety: _____

Largest Job Completed (amount): \$ _____

Are company financials prepared by a CPA? _____ **Yes** _____ **No**

Any Tax Liens or credit problems in company or personal? If yes, please explain. _____

Are you certified DBE with Department of Transportation _____ **Yes** _____ **No**

Are you certified DBE with any municipality _____ **Yes** _____ **No**

(PLEASE FAX COPIES OF CERTIFICATION LETTERS)

Are you familiar with D.O.T. bond guarantee program: _____ **Yes** _____ **No**

What type of projects are you interested in bidding? _____

Comments: _____
